

SECTION 8
PRE-APPLICATION

1

Re-exam #: _____
Applicant # _____
Update: _____
Due: _____

DEPARTMENT OF COMMUNITY SERVICES
CITY AND COUNTY OF HONOLULU
842 BETHEL STREET, 1ST FLOOR
HONOLULU, HAWAII 96813

(PLEASE PRINT)

Head of
Household

(Last) (First) (Middle Initial) (Date of Birth) (Sex)

(Place of Birth) (Ethnicity) (Social Security Number) (Alien Registration Number if applicable) (Nationality)

Spouse

(Last) (First) (Middle Initial) (Date of Birth) (Sex)

(Place of Birth) (Ethnicity) (Social Security Number) (Alien Registration Number if applicable) (Nationality)

Is the head or spouse at least 62 years of age? Yes _____ No _____

Are any members of the household disabled or handicapped? Yes _____ No _____

If yes, list family member's name(s) and type of disability _____

Do you or any members of your family require a specific accommodation, as a person with a disability, to fully utilize our program services? Yes _____ No _____

Type of accommodation: _____

MARITAL STATUS (Please circle one) Single Married Separated Divorced Widowed
Maiden name _____ Date marital status changed: _____

Residence Address: _____

Present Mailing Address (if different): _____

Home Phone Number: _____ Other Phone Numbers and type: _____

What is your present rent, if any? _____ How many bedrooms in your unit? _____

Are you paying for any utilities? Yes _____ No _____ If yes, what kind of utilities are you paying for? _____

Have you ever received Section 8 assistance? Yes _____ No _____ If yes, name of housing agencies and dates: _____

Have you ever lived in Low Income Public Housing? Yes _____ No _____ If yes, name of housing agencies and dates: _____

If you have received Section 8 assistance or lived in Public Housing, do you have an outstanding balance owed to the Housing Agency? Yes _____ No _____ (If yes, name the agency and the amount owed. _____ \$ _____)

If you have ever lived in Public Housing, **have you ever been evicted from Public Housing?** Yes _____ No _____ If yes, when: _____

LIST BELOW THE NAMES OF ALL MEMBERS IN YOUR HOUSEHOLD WHO WILL BE A PART OF YOUR HOUSEHOLD IF YOU RECEIVE SECTION 8 ASSISTANCE. (Identify full-time students.) Include head/spouse in the list below. *If more space is needed, please list on a separate sheet.*

NAME	Relationship to Head of household	Social Security Number (and Alien Registration Number if applicable)	Sex M / F	Age	Date of Birth	Place of Birth	Citizen Yes or No
1.							
2.							
3.							
4.							
5.							
6.							

TOTAL NUMBER OF MEMBERS IN YOUR HOUSEHOLD: Adult(s) _____ Children _____

Do you anticipate any changes in your household composition over the next 12 months? If yes, please explain _____

LIST THOSE IN YOUR HOUSEHOLD WHO ARE WORKING OR WILL BE WORKING IN THE NEXT 12 MONTHS. (If self-employed, indicate under "Employer" 1)Self-employed, 2)Type of Business, and 3) Number of years in this business.

Name of Household Member Employed	Employer	Pay Per Hour or Month	Hours per Week	Annual Pay
		\$		\$
		\$		\$
		\$		\$

Has anyone who is not employed now worked within the past 12 months? Yes _____ No _____

If yes, list family member's name, the employer and date of employment _____

FOR MILITARY ONLY: Branch: _____ Pay Grade: _____ Total Monthly Pay (Including Special Pay and Allowances ,Excluding Hazardous Duty Pay) \$ _____

EXPENSES

Child care (if you are employed or going to school full-time) Monthly share of child care expenses \$ _____

Please provide the name of person/agency who receives the payments _____

Do you receive help with your child care expenses? Yes _____ No _____ If yes, from where: _____

Medical (if you or your spouse is at least 62 or are disabled) Monthly share of medical expenses anticipated to incur within the next 12 months, including medical insurance premiums \$ _____

Do you receive help with your medical expenses? Yes _____ No _____ If yes, from where: _____

Disability Assistance Expenses (for care of family members with disabilities) Monthly share of anticipated expenses for care attendants and auxiliary expenses \$ _____

Do you receive help with your disability assistance expenses? Yes _____ No _____ If yes, from where: _____

Please fill in all blank spaces.
If it does not apply to you, put "0".

INDICATE BELOW ALL INCOMES RECEIVED BY MEMBERS OF YOUR HOUSEHOLD FROM ANY OF THE FOLLOWING SOURCES AND THE MONTHLY AMOUNT RECEIVED. ALSO INDICATE INCOME YOUR HOUSEHOLD EXPECTS TO RECEIVE OVER THE NEXT 12 MONTHS.

SOURCE	AMOUNT PER MONTH	SOURCE	AMOUNT PER MONTH
Veteran's Pension/Compensation		Child Support from _____	
Educational Benefits	\$ _____		\$ _____
No fault / Other Insurance		Alimony	\$ _____
Settlement	\$ _____	Support from adult children (including in-kind contribution)	\$ _____
Worker's Compensation/TDI	\$ _____	Scholarships and Grants	\$ _____
Unemployment Compensation	\$ _____	Lump Sum Income	\$ _____
Welfare Unit & Worker _____		Other Income	\$ _____
Financial Assistance	\$ _____	Is anyone helping you with any household expenses?	
Food Stamp Allotment	\$ _____	Electricity	\$ _____
Social Security Benefits	\$ _____	Gas	\$ _____
Supplementary Security Income	\$ _____	Telephone	\$ _____
Retirement / Pension from _____		Medical	\$ _____
	\$ _____	Food	\$ _____
		Clothing	\$ _____

INDICATE BELOW THE ASSETS OF **ALL MEMBERS** OF YOUR HOUSEHOLD. (Include joint accounts with others.)

<i>Type of Account</i>	<i>Name of Branch/Address of Bank, Credit Union, etc.</i>		<i>Account Number</i>	<i>Amount</i>
Savings				\$ _____
Checking				\$ _____
Other (Please specify type; IRA, Trusts, Investments, Retirement Acct, if accessible etc.)				\$ _____
	<i>Name of Stocks or Funds</i>	<i>Number of Shares</i>	<i>Dividends per Year</i>	\$ _____
STOCKS AND/OR MUTUAL FUNDS				\$ _____
	<i>Denomination</i>	<i>Number of Bonds</i>	<i>Maturity Date</i>	<i>Total Value</i>
BONDS				\$ _____
	<i>Company</i>	<i>Policy Number</i>	<i>Face Value</i>	<i>Cash Value</i>
LIFE INSURANCE				\$ _____

REAL ESTATE HOLDINGS

Located at: _____

Cost of Real Estate: \$ _____ Estimated Equity: \$ _____ Estimated Market Value \$ _____ Year Purchased: _____

HAVE YOU TRANSFERRED ANY ASSETS TO ANOTHER PERSON WITHIN THE PAST TWO YEARS? Yes ____ No ____

If yes, when: _____ and why: _____

HAVE YOU OR ANY MEMBERS OF YOUR HOUSEHOLD BEEN ARRESTED OR CONVICTED DURING THE PAST YEAR FOR ANY CRIMINAL ACTIVITY EXCEPT FOR A TRAFFIC VIOLATION? Yes ____ No ____

HAVE YOU OR ANY MEMBERS OF YOUR HOUSEHOLD BEEN CONVICTED OF MANUFACTURING OR PRODUCING METHAMPHETAMINE? Yes ____ No ____

ARE YOU OR ANY MEMBERS OF YOUR HOUSEHOLD SUBJECT TO A LIFETIME REGISTRATION REQUIREMENT UNDER A STATE SEX OFFENDER REGISTRATION PROGRAM? Yes ____ No ____

I/We certify that the information given to the Department of Community Services on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for the termination of housing assistance and termination of tenancy.

Signature

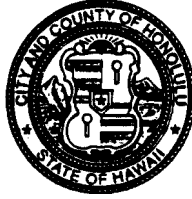
Signature

Date

Examiner: _____

Date: _____

**ALL HOUSEHOLD MEMBERS 18 YEARS OF
AGE AND OLDER MUST SIGN.**



APPLICANT/TENANT CERTIFICATION

APPLICANT(S)'S STATEMENT

I/We certify that the information* given to the City and County of Honolulu, Section 8 Rental Assistance Program on. household composition, income, net family assets, and allowances and deductions -is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF SPOUSE/CO-HEAD

DATE

SIGNATURE

DATE

SIGNATURE

DATE

ALL 18 YEAR OLDS MUST SIGN

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot line at 800-424-8590.

** After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development of Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.*

FEDERAL PRIVACY ACT NOTICE

for the

Section 8 Rental Certificate, Rental Voucher, Moderate Rehabilitation, and the Public and Indian Housing Programs

PURPOSE: Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

USE: HUD uses family income and other information to assist in managing and monitoring HUD-assisted housing programs; to protect the Government's financial interest; and to verify the accuracy of the information furnished. HUD or a public housing agency/Indian housing authority may conduct a computer match to verify the information you provided. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

PENALTY: You must provide all of the information requested by the public housing agency/Indian housing authority, including all social security numbers you, and all other household members age six (6) years and older, have and use. Giving the social security numbers of all household members 6 years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in delay or rejection of your eligibility approval.

AUTHORITY FOR INFORMATION COLLECTION: The following laws authorize the collection of this information by HUD or the public housing agency/Indian housing authority: the U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Acts of 1964, and Title VIII of the Civil Rights Act of 1968. the Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

I read the Federal Privacy Act Notice on _____
Date

Signature of Head of Household or Spouse

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Department of Community Services
City and County of Honolulu
Rental Assistance Branch
842 Bethel Street, 1st Floor
Honolulu, HI 96813

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

<hr/>	<hr/>	<hr/>	<hr/>
Head of Household	Date		
<hr/>	<hr/>	<hr/>	<hr/>
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
<hr/>	<hr/>	<hr/>	<hr/>
Spouse	Date	Other Family Member over age 18	Date
<hr/>	<hr/>	<hr/>	<hr/>
Other Family Member over age 18	Date	Other Family Member over age 18	Date
<hr/>	<hr/>	<hr/>	<hr/>
Other Family Member over age 18	Date	Other Family Member over age 18	Date
<hr/>	<hr/>	<hr/>	<hr/>

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Original is retained by the requesting organization.	ref. Handbooks 7420.7, 7420.8, & 7465.1	form HUD-9886 (7/94)
--	---	----------------------

DEPARTMENT OF COMMUNITY SERVICES
SECTION 8 HOUSING ASSISTANCE PAYMENTS PROGRAM

842 Bethel Street, First Floor
Honolulu, Hawaii 96813
TELEPHONE: (808) 523-4266 FAX: 527-5545 TDD: 527-5947

Dear Housing Agency,

The below named applicant has applied for Section 8 rental assistance. Please complete the bottom section of this form and return it to our office as soon as possible. Thank you for your cooperation.

Sincerely yours,

Sandy S. Toma
Rental Assistance Administrator

I, (We) _____ HEAD OF HOUSEHOLD	_____ SOCIAL SECURITY NUMBER
_____ SPOUSE	_____ SOCIAL SECURITY NUMBER
_____ ADDRESS	

do hereby authorize _____
to furnish to the City and County of Honolulu, Section 8 HAP Program, information
from my records, if any, for the period I (we) was (were) under your program.

The information will relate to grounds for denial or termination of assistance, 24 CFR
982.552(b)

_____ SIGNATURE	_____ DATE
_____ SIGNATURE	_____ DATE

For Completion by Receiving Public Housing Agency (PHA)

- 1) ? Applicant(s) has a balance. \$ _____.

- 2) ? No balance on record.
 Has applicant been evicted from public housing for drug related criminal activity
 Within the last three (3) years? Yes _____ No _____

- 3) ? Was never on assistance.

DATE	SIGNATURE AND TITLE	PHONE NUMBER
------	---------------------	--------------